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21005 7590 06/22/2006

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Christina M. Sweeney (Depositor's name)
Christina M. Sweeney (Signature)
6/30/06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/356,543	07/19/1999	MATTHEW D. BARNHART	XXXXXX 2469.1002-001	7963

TITLE OF INVENTION: DEVICE FOR AUTOMATING BILLING REIMBURSEMENT

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ABEL JALIL, NEVEEN	2165	705-003000 07/03/2006 TBESHAH2 00000006 000300 09356543

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent from **09/356,543** **1450**
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, **Hamilton, Brook, Smith & Reynolds, P.C.**
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3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

PatientKeeper, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Newton, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5 Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature

James M. Smith
Type or printed name **James M. Smith**

Date

6/30/06

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28,043

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FACSIMILE FILING OF PTO DOCUMENT**Examiner:** Neveen Abel Jalil **Group:** 2165**Date:** June 30, 2006**Client Code:** 2469**Facsimile No.:** 1-571-273-2885**From:** James M. Smith, Esq.

Subject: **Paper:** Issue Fee Transmittal
Docket No.: 2469.1002-001
Applicants: Matthew D. Barnhart, *et al.*
Serial No.: 09/356,543
Filing Date: July 19, 1999

Number of pages including this cover sheet: 2Please confirm receipt of facsimile: Yes XX No **Comments:**

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